In re Anthony J Jakubowski	
Debtor(s)	According to the information required to be entered on this statement
Case Number:	(check one box as directed in Part I, III, or VI of this statement):
(If known)	☐ The presumption arises.
	■ The presumption does not arise.
	\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS					
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).					
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.					
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.					
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.					
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard					
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;					
	OR					
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 					

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	·		THLY INCOM						
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.									
	a. Unmarried. Complete only Column A ("Do								
2	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse a purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete for Lines 3-11.				nd I ar	e living apart o	ther than for	the	
	 c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2. ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. 					b abo	ve. Complete b	oth Column	A
	d. Married, filing jointly. Complete both Colu					'Spou	se's Income'')	for Lines 3-1	11.
	All figures must reflect average monthly income re calendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied six-month total by six, and enter the result on the a	, end	ding on the last daying the six months,	of	the month before	1	Column A Debtor's Income	Column Spouse Income	's
3	Gross wages, salary, tips, bonuses, overtime, con	nmis	ssions.			\$	1,189.17	\$	
	Income from the operation of a business, profess			Lin	h from Line a and	Ť	.,	Ψ	
4	enter the difference in the appropriate column(s) of business, profession or farm, enter aggregate numb not enter a number less than zero. Do not include Line b as a deduction in Part V.	f Lin	e 4. If you operate and provide details	on a	re than one an attachment. Do				
			Debtor		Spouse				
	a. Gross receipts	\$	0.00			4			
	b. Ordinary and necessary business expenses	\$	0.00			1	0.00	Ф	
	c. Business income	•	otract Line b from l			\$	0.00	\$	
_	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.					1			
5	Cross respires	¢	Debtor 0.00	d.	Spouse	1			
	a. Gross receipts b. Ordinary and necessary operating expenses	\$	0.00			1			
	c. Rent and other real property income	т ,	otract Line b from l		а	\$	0.00	\$	
6	Interest, dividends, and royalties.	, Du	Struct Ellie & Holli I			\$	0.00		
7	Pension and retirement income.					\$	0.00		
8	Any amounts paid by another person or entity, of expenses of the debtor or the debtor's dependent purpose. Do not include alimony or separate mains spouse if Column B is completed. Each regular paif a payment is listed in Column A, do not report the	t s, ir tenai yme	ncluding child supplace payments or an and should be report	port nour	paid for that ats paid by your	\$	0.00		
9	Unemployment compensation. Enter the amount in However, if you contend that unemployment compute benefit under the Social Security Act, do not list the or B, but instead state the amount in the space below	n the	e appropriate colum tion received by yo	nn(s	r your spouse was a				
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor	r \$	0.00 Spo	ouse	\$	\$	0.00	\$	
10	Income from all other sources. Specify source and on a separate page. Do not include alimony or sep spouse if Column B is completed, but include all maintenance. Do not include any benefits received received as a victim of a war crime, crime against h domestic terrorism.	otho otho l uno numa	te maintenance pa er payments of alider the Social Secu	ymor mor rity	ents paid by your by or separate Act or payments				
	a.	\$		\$]]			
	[b.]	\$		\$]			
	Total and enter on Line 10					\$	0.00	\$	
11	Subtotal of Current Monthly Income for § 707(b	.)(7)	Add Lines 3 thru	10 3	n Column A and i	:			

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		1,189.17
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	14,270.04
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: MI b. Enter debtor's household size: 1	\$	45,029.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.		
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	does no	ot arise" at the
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zero. a. b. c. d.	regular basis for the hou ow the basis for excludi- support of persons othe burpose. If necessary, li	usehole ing the er than	d expenses of the debtor or Column B income (such a the debtor or the debtor's of	the debtor's s payment of the dependents) and the	\$
18	Total and enter on Line 17 Current monthly income for § 70'	7(b)(2). Subtract Line 1	17 fror	n Line 16 and enter the resu	ılt.	\$
-0	•			DUCTIONS FROM		
				of the Internal Revenu		
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		
19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line al the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line bl the applicable number of persons who are under 65 years of age, and enter in Line bl the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom					
	b1. Number of persons c1. Subtotal	b2 c2		Number of persons Subtotal		\$
20A	Local Standards: housing and utile Utilities Standards; non-mortgage eavailable at www.usdoj.gov/ust/ or the number that would currently be any additional dependents whom you	ities; non-mortgage ex xpenses for the applical from the clerk of the ba allowed as exemptions	xpense ble cou	s. Enter the amount of the anty and family size. (This acy court). The applicable fa	information is amily size consists of	\$

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$ c. Net mortgage/rental expense Subtract Line b from Line a.					
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities					
22A	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 10 1 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation					
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$					
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal,					

26		or employment. Enter the total average monthly payroll as retirement contributions, union dues, and uniform costs. ary 401(k) contributions.	\$		
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments.	Enter the total monthly amount that you are required to ency, such as spousal or child support payments. Do not Line 44.	\$		
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total childcare - such as baby-sitting, day care, nursery and processing the control of the co		\$		
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of insurance or paid by a health savings account, and that i include payments for health insurance or health savings.	yourself or your dependents, that is not reimbursed by s in excess of the amount entered in Line 19B. Do not	\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter	the total of Lines 19 through 32.	\$		
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32				
34	Health Insurance, Disability Insurance, and Health S the categories set out in lines a-c below that are reasonal dependents.	avings Account Expenses. List the monthly expenses in bly necessary for yourself, your spouse, or your			
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state below: \$	your actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.				
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local				
38	Education expenses for dependent children less than actually incur, not to exceed \$156.25* per child, for atters school by your dependent children less than 18 years of documentation of your actual expenses, and you must necessary and not already accounted for in the IRS S	ndance at a private or public elementary or secondary age. You must provide your case trustee with t explain why the amount claimed is reasonable and	\$		

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

							T T T T T T T T T T T T T T T T T T T
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
	-				Ψ		
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					\$	
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40					\$	
		S	ubpart C: Deductions for De	bt Pa	ayment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	Av		Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				To	otal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor					\$	
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as					\$	
			If you are eligible to file a case under the amount in line b, and enter the res				
4.5	a.	Projected average monthly cha		\$			
45	b.	issued by the Executive Office	strict as determined under schedules for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	X			
	c.	Average monthly administrati	ve expense of chapter 13 case	Tota	al: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$		
		S	ubpart D: Total Deductions f	rom	Income		
47	Total	of all deductions allowed unde	r § 707(b)(2). Enter the total of Lines	33, 4	1, and 46.		\$
		Part VI. DE	TERMINATION OF § 707(b	b)(2)	PRESUMPT	ΓΙΟΝ	
48	Ente	r the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)))			\$
49	Ente	r the amount from Line 47 (Tot	al of all deductions allowed under §	707(b	0)(2))		\$
50			707(b)(2). Subtract Line 49 from Line			lt.	\$
51		onth disposable income under §	707(b)(2). Multiply the amount in Li				\$
	Losuit	•					Ψ

	Initial presumption determination. Check the applicable box and proceed as di	rected.				
52	☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for statement, and complete the verification in Part VIII. You may also complete Pa					
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Co	omplete the remainder of Part VI (I	Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number	er 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and proceed	as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box of this statement, and complete the verification in Part VIII.	for "The presumption does not aris	e" at the top of page 1			
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. of page 1 of this statement, and complete the verification in Part VIII. You may		ion arises" at the top			
	Part VII. ADDITIONAL EXPENSE	CCLAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in you and your family and that you contend should be an additional deduction from 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All feach item. Total the expenses.	n your current monthly income und	ler §			
	Expense Description	Monthly Amou	nt			
	a.	\$				
	b.	\$				
	c.	\$				
	d.	\$				
	Total: Add Lines a, b, c, and d	\$				
	Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)					
57	Date: July 23, 2013 Signatu	re: /s/ Anthony J Jakubowski				
		Anthony J Jakubowski				
		(Debtor)				

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2013 to 06/30/2013.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: employment-landscaping

Year-to-Date Income:

Total Year-to-Date Income: \$3,306.00 from check dated 6/30/2013 .

Average Monthly Income: \$551.00.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: ford Year-to-Date Income:

Total Year-to-Date Income: \$3,829.00 from check dated 6/30/2013.

Average Monthly Income: \$638.17.